

SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Chester B</i>		0-01-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A.T	1071	10/23/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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